#### (CIRCUIT/CHANCERY) COURT OF TENNESSEE 140 ADAMS AVENUE, MEMPHIS, TENNESSEE 38103 FOR THE THIRTIETH JUDICIAL DISTRICT AT MEMPHIS

### **SUMMONS IN CIVIL ACTION**

0 - 11-0 111	<b>●</b> Lawsuit	
Docket No. <u>CT-CO437</u> 2-14	○ Divorce	Ad Damnum \$
the state of the s		
MARTHA JANE RENFROE JONES,		THE VILLAGES OF GERMANTOWN,
	İ	THE VILLAGES OF GERMANTOWN, INC., CRSA/LCS DEVELOPMENT, LLC, and
		CRSA/LCS MANAGEMENT, LLC,,
	vs	CONVECTION IN MACHIENT, LECT
· ·		
The second of th		
Plaintiff(s)	<del></del>	Defendant(s)
TO: (Name and Address of Defendant (One defendant pe	er summons))	Method of Service:
The Villages of Germantown, Inc.		Certified Mall
Serve Through an Officer or Managing Agent		Shelby County Sheriff
7820 Walking Horse Circle		
Germantown, Tennessee 38138		Commissioner of Insurance (\$)
Demantown, Termessee 50150		Secretary of State (\$)
		Other TN County Sheriff (\$)
		Private Process Server
		Other
A STATE OF THE STA		(\$) Attach Required Fees
You are hereby summoned and required to defend a civi	il action by filing w	$a_{mpp}$ property which has $p_{mp} = a_{mp} +
		Plaintiff's
serving a copy of your answer to the Complaint on Fran		
attorney, whose address is 130 N. Court Ave., Memphis,		, telephone +1 (901) 524-5163
within THIRTY (30) DAYS after this summons has been se		
judgment by default may be taken against you for the re	lief demanded in t	he Complaint.
	118.48	AV MOODE Clark (DOMNIA DUCCEL) Clark and 344-4-3
	MINIE	MY MOORE, Clerk / DONNA RUSSELL, Clerk and Master
11 41	· Z	100
TESTED AND ISSUED 16-1	U Ru	TAIL D.C.
	/ Uy.—	
en e	TO THE DEFENDANT	Τ:
NOTICE Business Change of the Bubble Art -61000		
NOTICE; Pursuant to Chapter 919 of the Public Acts of 1980, you		
Tennessee law provides a four thousand dollar (\$4,000) person		
to claim as exempt with the Clark of the Court. The list may be f	ilm property as exen	npt, you must file a written list, under oath, of the items you wish may be changed by you thereafter as necessary; however, unless
it is filed before the judgment becomes final, it will not be effect	tivo as to any sime and	inay be changed by you thereafter as necessary; nowever, unless
items are automatically exempt by law and do not need to be li		
your family and trunks or other receptacles necessary to contain		
these items be seized, you would have the right to recover ther	n Ifvou do not unde	y portraits, the fairing blole and school books, should any of
to seek the counsel of a lawyer.	in it you do not and	issuita your exemption right of flow to exercise it, you may wish
FOR AMERICANS WITH DISABILIT	IES ACT (ADA) ASSIS	TANCE <u>ONLY</u> , CALL (901) 222-2341
I, JIMMY MOORE / DONNA RUSSELL, Clerk of the Court,		
Shelby County, Tennessee, certify this to be a true and		
accurate copy as filed this		
	4	
JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Maste	er	
JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Maste	er	EXHIBIT
JIMMY MOORE, Clerk / DONNA RUSSELL, Clerk and Maste	er	EXHIBIT

IN THE CIRCUIT COURT OF TENNESSEE FOR THE THIRTIETH JUDICIAL DISTRICT AT MEM

CIRCUIT COURT CLERK

MARTHA JANE RENFROE JONES,

Plaintiff,

 $\mathbf{v}$ .

THE VILLAGES OF GERMANTOWN, THE VILLAGES OF GERMANTOWN, INC., CRSA/LCS DEVELOPMENT, LLC, and CRSA/LCS MANAGEMENT, LLC,

Defendants.

No. CT-004372-14

JURY DEMANDED

#### COMPLAINT FOR PERSONAL INJURY

COMES NOW Plaintiff Martha Jane Renfroe Jones files this Complaint for Personal Injury against Defendants The Villages of Germantown, The Villages of Germantown, Inc., CRSA/LCS Development, LLC, and CRSA/LCS Management, LLC, stating as follows:

- Plaintiff Martha Jane Renfroe Jones is an adult resident citizen of DeSoto County,
   Mississippi.
- 2. Defendant The Villages of Germantown is a for-profit nursing home licensed to do business in Tennessee and is providing skilled nursing services at 7930 Walking Horse Circle, Germantown, Tennessee 38138. Defendant can be served with process through an officer or managing agent at 7930 Walking Horse Circle, Germantown, Tennessee 38138. Defendant has employees, agents, and/or contractors who perform professional nursing services within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its

physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondent superior, actual agency, express agency, and/or apparent agency.

- 3. Defendant The Villages of Germantown, Inc. is a for-profit corporation licensed to do business in Tennessee and is providing skilled nursing services at 7820 Walking Horse Circle, Germantown, Tennessee 38138. Defendant can be served with process through an officer or managing agent at 7820 Walking Horse Circle, Germantown, Tennessee 38138. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.
- 4. Defendant CRSA/LCS Development, LLC is a for-profit limited liability company organized and existing under the laws of the State of Iowa, with its principal place of business at 400 Locust Street, Suite 820, Des Moines, Iowa 50309. Defendant may be served with process through its registered agent for service, National Corporate Research, LTD, Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services at The Villages of Germantown within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein,

pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.

- 5. Defendant CRSA/LCS Management, LLC is a for-profit limited liability company organized and existing under the laws of the State of Iowa, with its principal place of business at 400 Locust Street, Suite 820, Des Moines, Iowa 50309. Defendant may be served with process through its registered agent for service, National Corporate Research, LTD, Inc., 992 Davidson Drive, Suite B, Nashville, Tennessee 37205. Upon information and belief, Defendant owns, operates, and manages The Villages of Germantown. Defendant has employees, agents, and/or contractors who perform professional nursing services at The Villages of Germantown within the scope of their employment, apparent authority, agency, and/or contract to act for Defendant. Defendant is responsible and vicariously liable for the negligent acts and omissions of its physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondeat superior, actual agency, express agency, and/or apparent agency.
- 6. The acts and omissions that give rise to this lawsuit all occurred in Shelby County, Tennessee. This Court has proper jurisdiction and venue over this action and the parties hereto.
- 7. Plaintiff has complied with the provisions of Tenn. Code Ann. § 29-26-121(a) by mailing, by certified mail, notice of claim to Defendants at the address for their registered agents for service of process and/or their current business addresses. This is evidenced by the attached Affidavit of Erick Anderson, which states that such actions occurred and further shows that notice of claim was timely sent, by certified mail, to Defendants on February 26, 2014. See Exhibit A. Pursuant to Tenn. Code Ann. § 29-26-121(a)(4), a copy of the written notice sent to Defendants is attached to the Affidavit of Erick Anderson. The certificates of mailing from the

United States Postal Service ("USPS"), stamped with the date of mailing, are also attached to the Affidavit of Erick Anderson, and establish that the specified notice was timely mailed by certified mail, return receipt requested. Also attached to the Affidavit of Erick Anderson are the certified mail receipts (PS Form 3800). The notice requirements of Tenn. Code Ann. § 29-26-121 have been satisfied.

- 8. Plaintiff has timely complied with the notice requirements of Tenn. Code Ann. § 29-26-121(a) by giving notice and the documents required to Defendants at least sixty (60) days before filing the instant complaint.
- 9. Plaintiff's counsel has consulted with one or more medical experts who have provided signed written statements confirming that, upon information and belief, they are competent under Tenn. Code Ann. § 29-26-115 to express opinions in this case and believe, based on the information available from the medical records concerning the care and treatment for the incidents at issue, that there is a good faith basis for maintaining this action consistent with the requirements of Tenn. Code Ann. § 29-26-115. A certificate of good faith signed by Plaintiff's counsel is being filed contemporaneously herewith pursuant to the requirements of Tenn. Code Ann. § 29-26-122.

#### **FACTUAL ALLEGATIONS**

- 10. Prior to June 3, 2013, Martha Jones, who was 83 years old at the time, lived at home with her family and was independent with all activities of daily living.
- 11. On June 3, 2013, Ms. Jones underwent a left total knee replacement surgery as a result of severe arthritis in that knee. The surgery was performed by Dr. Owen Tabor, Jr. at Saint Francis Surgery Center in Memphis. On June 10, 2013, Ms. Jones was discharged from Saint Francis Hospital and admitted to The Villages of Germantown for rehabilitation of her left knee.

At the time of admission to The Villages of Germantown, Ms. Jones' left leg was in an immobilizer brace and she required assistance with transfers and activities of daily living, including toileting. Prior to her surgery, Ms. Jones was continent of bowel and bladder and was able to use the toilet without assistance.

- 12. On the evening of June 21, 2013, Ms. Jones had to use the bathroom, so she pressed the call light to summon the nursing staff. No nurses came to check on her, so Ms. Jones continued to press the call light. Despite numerous attempts to summon the nursing staff, no one came to check on Ms. Jones, so she wet herself and the bed, having no assistance to transfer to the toilet.
- 13. On the evening of June 22, 2013, Ms. Jones again had to use the bathroom, so she again pressed the call light to summon the nursing staff. Just as with the night before, no nurses responded to the call light. After approximately forty (40) minutes of pressing the call light with no response, Ms. Jones was determined not to wet herself again, so she attempted to get out of bed and walk to the restroom. In the process of getting out of bed and walking to the bathroom, Ms. Jones suffered a fall, which was a direct result of the nursing staff's failure to respond to the call light, their failure to assist her to the toilet, and their failure to properly position the bedside commode. Ms. Jones laid on the floor for approximately thirty (30) minutes before being found by a nurse aide.
- 14. In the days after the fall, Ms. Jones suffered pain in both lower extremities and her hips, as well as swelling in her right ankle.
- 15. The nursing chart notes that, on June 26, 2013, Ms. Jones was moved to a different room due to concerns of the nursing staff not responding fast enough to the call light.

- 16. Ms. Jones saw Dr. Tabor on July 11, 2013, at which time she informed him of pain in her right foot that she related to the fall and that was rendering her unable to bear weight on her right foot during physical therapy. Dr. Tabor ordered an x-ray of her right foot, which showed a possible third metatarsal fracture. He ordered her right foot to be placed in a walking cast.
- 17. Dr. Tabor saw Ms. Jones again on July 31, 2013, at which time he noted very little progress with her right foot, as well as slow progress with her left knee. Dr. Tabor was not optimistic that a cast would achieve the goal of Ms. Jones being able to walk and bear weight on her right foot, so he recommended a gastroenemious resection or a Z-lengthening of the right Achilles tendon.
- 18. On August 1, 2013, Dr. Tabor performed surgery on Ms. Jones at Saint Francis Surgery Center. He initially performed a gastroenemious resection, but because Ms. Jones did not gain much dorsiflexion of her ankle from that procedure, he proceeded with a Z-lengthening of the Achilles tendon. A full cast was placed after surgery.
- 19. Ms. Jones returned to Dr. Tabor for a post-operative visit on August 5, 2013, at which time Dr. Tabor noted that she "had a rough weekend as far as pain was concerned."
- 20. Ms. Jones's right foot remained in a cast or brace for over two months following the surgery, during which time her foot was painful and presented much difficulty walking. Additionally, the problems with her right foot from the fall hindered her left knee rehabilitation and therapy.

#### COUNT I HEALTH CARE LIABILITY

21. Defendants owed a duty to their residents, including Martha Jones, to provide care, treatment, and services to her within the recognized standards of acceptable professional

6

practice of nurses, nursing aides, and nursing homes applicable to them in Shelby County,

Tennessee and similar communities.

- 22. During her residency at The Villages of Germantown, it was the responsibility of Defendants and their employees to properly assess Ms. Jones' risk for falling and to take the necessary and appropriate interventions to prevent her from sustaining a fall.
- 23. Defendants breached the duty owed to their residents, including Martha Jones, and were negligent in their care and treatment of Ms. Jones, through their acts or omissions, which include, but are not limited to, the following:
  - (a) Failure to properly assess and monitor Ms. Jones' risk for falling;
  - (b) Failure to take the necessary and appropriate interventions to prevent Ms. Jones from suffering a fall;
  - (c) Failure to timely respond to Ms. Jones' call light;
  - (d) Failure to properly place Ms. Jones' bedside commode to minimize her risk of suffering a fall;
  - (e) Failure to take the necessary precautions to prevent Ms. Jones from suffering a fall; and
  - (f) Failure to provide Ms. Jones with the reasonable and necessary care that would have prevented her from injury while she was a resident at Signature Healthcare at Saint Francis.

Each of the aforesaid acts or omissions set forth above, singularly or in combination, directly and proximately caused injury to Plaintiff.

24. Defendants are responsible and vicariously liable for the negligent acts and omissions of their physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondent superior, actual agency, express agency, and/or apparent agency.

# COUNT II COMMON LAW NEGLIGENCE

25. Defendants owed a common law duty to their residents, including Ms. Jones, to provide appropriate, adequate, and basic care and services.

- 26. During her residency at The Villages at Germantown, it was the responsibility of Defendants and their employees to take ordinary and reasonable precautions to prevent Ms. Jones from suffering injuries.
- 27. To the extent that Defendants' conduct is not health care liability, Defendants breached the duty owed to their residents, including Ms. Jones, through their acts or omissions, which include, but are not limited to, the following:
  - (a) Failure to provide Ms. Jones with basic and necessary care and supervision;
  - (b) Failure to notify timely Ms. Jones family of her changes in state and condition;
  - (c) Failure to protect Ms. Jones from abuse and neglect;
  - (d) Failure to provide staff sufficient in number to provide 24-hour care and services to each resident so as to ensure that Ms. Jones received necessary care;
  - (e) Failure to adequately hire, train, supervise and retain a sufficient amount of competent and qualified staff to ensure that Ms. Jones received care and services in accordance with state and federal laws; and
  - (f) Failure of high managerial agents and corporate officers to adequately hire, train, supervise, and retain the administrator and director of nurses so as to assure that Ms. Jones received care in accordance with the Defendants' policy and procedure manual and state and federal law.

Each of the aforesaid acts or omissions set forth above, singularly or in combination, directly and proximately caused injury to Plaintiff.

28. Defendants are responsible and vicariously liable for the negligent acts and omissions of their physicians, nurses, employees and/or agents, as described herein, pursuant to the doctrines of respondent superior, actual agency, express agency, and/or apparent agency.

#### **DAMAGES**

- 29. As a direct and proximate result of Defendants' negligence, Plaintiff sustained injuries and damages, including, but not limited to, the following:
  - (a) Severe pain and suffering;
  - (b) Extreme mental anguish and psychological injuries;
  - (c) Permanent injury and disfigurement;

(d) Medical expenses; and

(e) Loss of enjoyment of life.

30. As a direct and proximate result of Defendants' failure to comply with the

Tennessee Adult Protection Act, Plaintiff suffered serious injuries and is entitled to recover for

said injuries. Defendants are liable to Plaintiff for all damages recoverable under the

aforementioned statutes and/or regulations.

31. Defendants' conduct was negligent, grossly negligent, reckless, malicious, and/or

intentional, thereby making Defendants liable for punitive damages.

WHEREFORE, PREMISES CONSIDERED, Plaintiff Martha Jane Renfroe Jones prays:

(1) That she recover all damages recoverable for the personal injury in a reasonable

amount to be determined by a jury;

(2) That she be awarded punitive damages sufficient to punish Defendants for their

egregious conduct and to deter Defendants and others from repeating said conduct; and

(3) That she be awarded postjudgment interest as well as all discretionary costs and

other relief to which she may be entitled.

PLAINTIFF DEMANDS THAT THIS CASE BE TRIED BY A JURY.

Respectfully submitted,

La. 1 1 1/11

BURCH, PORTER & JOHNSON, PLLC

Frank B. Thacher, III (#23925) 130 North Court Avenue

Memphis, Tennessee 38103

(901) 524-5000

THE FUTHEY LAW FIRM, PLC

Malcolm B. Futhey, III (#24432) 1440 Poplar Avenue Memphis, Tennessee 38104 (901) 725-7525

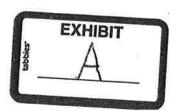
Attorneys for Plaintiff

#### Affidavit of Person Mailing Notice

State of Tennessee	)	
	)	
County of Shelby	)	

Comes now the Affiant, Erick Anderson who, having first been duly sworn, makes oath that the following statements are true:

- I. My name is Erick Anderson, and I am an employee of Burch, Porter & Johnson, PLLC. I am an adult resident citizen, over the age of eighteen (18) years, and am competent to make the statements contained in this Affidavit.
- II. On February 26, 2014, I mailed by certified mail, with return receipt requested, after obtaining a Certificate of Mailing from the U.S. Postal Service, stamped with the date of February 26, 2014, the attached notices and all enclosures (which include HIPAA compliant medical authorizations and a list of the names and addresses of each provider who were sent a notice pursuant to Tenn. Code Ann. §29-26-121(a)), which are attached hereto as collective Exhibit A, to the following healthcare providers, as required by Tenn. Code Ann. §29-26-121(a):
  - 1. The Villages of Germantown, Inc. 7820 Walking Horse Circle Germantown, Tennessee 38138
  - 2. The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138
  - 3. CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
  - 4. CRSA/LCS Development, LLC
     c/o Jennifer A. Beal
     Suite 820
     400 Locust Street
     Des Moines, Iowa 50309-2334
  - 5. CRSA/LCS Management, LLC c/o National Corporate Research, LTD., Inc.



Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051

- CRSA/LCS Management, LLC 6. c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334
- A copy of the Certificates of Mailing from the U.S. Postal Service, III. stamped with the date of mailing, are attached hereto as collective Exhibit B for each of the above medical providers.
- A copy of the Certified Mail Receipts (PS Form 3800) are attached IV. hereto as collective Exhibit C for each of the above medical providers.

Erick Anderson

Date: 2-26-14

day of February, 2014. Subscribed and sworn to before me this

My Commission Expires:

Frank B. Thacher, III 901-524-5163 Email: <u>fthacher@bpjlaw.com</u>



February 26, 2014

Via Certified Mail Return Receipt Requested Article No. 7013 0600 0001 5692 6022

The Villages of Germantown, Inc. 7820 Walking Horse Circle Germantown, Tennessee 38138

Re:

Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121

Patient:

Martha Jane Renfroe Jones

Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice

#### Case 2:14-cv-02900-JTF-dkv Document 1-1 Filed 11/19/14 Page 15 of 46 PageID 18

February 26, 2014 Page 2

of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physicianpatient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

Frank B. Thacher, III

Enclosures

cc:

Malcolm B. Futhey III, Esq.

Martha J. Jones

### Martha Jones - List of Persons to Whom Notice Is Being Sent

- The Villages of Germantown, Inc.
   7820 Walking Horse Circle
   Germantown, Tennessee 38138
- 2. The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138
- 3. CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
- 4. CRSA/LCS Development, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334
- CRSA/LCS Management, LLC
   c/o National Corporate Research, LTD., Inc.
   Suite B
   992 Davidson Drive
   Nashville, Tennessee 37205-1051
- 6. CRSA/LCS Management, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334

# AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)

TO:	The Villages of Germantown	
	7930 Walking Horse Circle	
	Germantown, Tennessee 38138	

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X
 X
 X
 Drug and Alcohol Records
 HIV and AIDS Records
 Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown 7820 Walking Horse Circle Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-91-18

Date

Name of Patient or Personal Representative

<b>AUTHORIZATION F</b>	OR R	RELEASI	E OF M	EDICAL
<b>RECORDS PURSUAN</b>	T TO	45 CFR	164.508	(HIPAA)

	RECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)
	CRSA/LCS Development, LLC
TO:	c/o National Corporate Research, ——
	LTD., Inc.
	992 Davidson Drive, Suite B
	Nashville, Tennessee 37205-1051
Patient N	ame: Martha J. Jones
DOB:	12/20/1929
SS#:	432-48-9906
and all m correspon laboratory all forms, forms, re interpreta	J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: an edical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records indence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records y reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription fill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and tion of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance including all claims, claim forms, correspondence, payments and reports.
Also, plea	ase disclose and release the following protected health care information (only if checked below):
	X Drug and Alcohol Records
	X HIV and AIDS Records
	X Mental Health Records
This prote	ected health information is disclosed for the following purposes: Personal injury claim.
	authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to suppl such records:
•	*
	The Villages of Germantown
	7820 Walking Horse Circle
	<u> </u>
	Germantown, Tennessee 38138
authorizat authorizat	orization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this tion, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on me tion to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I that I have the right to:
	. Inspect or copy the individually identifiable health information to be disclosed Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from th health care provider identified in this authorization.
Signatur	e of Patient or Personal Representative
Date	0-9-18
240	

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

### AUTHORIZATION FOR RELEASE OF MEDICAL

CRSA/LCS Development, LLC
c/o Jennifer A. Beal
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X Drug and Alcohol Records
X HIV and AIDS Records
X Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown 7820 Walking Horse Circle Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

. Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-91-18

Date

Name of Patient or Personal Representative

AUTHORIZATION FOR RELEASE OF MEDICAL
CRSA/LCS Management, LLC
TO: c/o National Corporate Research,
LTD., Inc.
992 Davidson Drive, Suite B
Nashville, Tennessee 37205-1051
Patient Name: Martha J. Jones
DOB: 12/20/1929 SS#: 432-48-9906
I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: an and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room record correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service record laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings is all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration an interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.
Also, please disclose and release the following protected health care information (only if checked below):
Drug and Alcohol Records
X HIV and AIDS Records
X Mental Health Records
This protected health information is disclosed for the following purposes: Personal injury claim.
You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supple copies of such records:
The Villages of Germantown
7820 Walking Horse Circle
Germantown, Tennessee 38138
Germaniown, Termessee 3 3 7 2
This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on manuforization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. Inderstand that I have the right to:
Inspect or copy the individually identifiable health information to be disclosed.  Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.
grant the former of Patient or Personal Representative
10-91-18
Data

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

AUTHOR	IZATION FOR RELEASE OF MEDICAL TRSUANT TO 45 CFR 164.508 (HIPAA)
TO: CRSA/LCS Management, LLC c/o Jennifer A. Beal 400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	RSUANT TO 45 CFR 104.506 (IIII AA)
Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906	
and all medical records, all inpatient and out patient characteristics, memoranda, physical therapy and rehaboratory reports, diagnostic reports. RADIOLOGY: all forms. PRESCRIPTION RECORDS: any and all forms, refill records and pharmacy records. PROTO	the following protected health information for the WRITTEN MEDICAL RECORDS: an arts and records, hospital charts and records, doctor and nurse notes, emergency room records abilitation records, patient questionnaire forms, patient history forms, social service records written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in prescription records, the issuance of sale of prescription drugs, original doctor's prescription COL: any and all documents describing the protocol and criteria for administration and any and all billing records, including itemized statements of charges, payments, all insurance, payments and reports.
Also, please disclose and release the following protected	d health care information (only if checked below):
X Drug and Ale	
This protected health information is disclosed for the for	llowing purposes: Personal injury claim.
You are authorized to release the above records to the copies of such records:	following representatives who have agreed to pay reasonable charges made by you to supply
7820 Walk	es of Germantown ring Horse Circle n, Tennessee 38138
authorization in writing by sending written notification	recember 31, 2014, at which time this authorization expires. I have the right to revoke thin to you. I understand that a revocation is not effective to the extent that you have relied on m. I understand that the information may be re-disclosed and no longer subject to protection.
Inspect or copy the individually identifiable. Refuse to sign this authorization, and that refusel health care provider identified in this authority.	fusal to sign does not affect my right to continue to receive further care and treatment from th
Signature of Patient or Personal Representative	M.

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

Frank B. Thacher, III 901-524-5163 Email: fthacher@bpjlaw.com



February 26, 2014

Via Certified Mail Return Receipt Requested Article No. 7013 0600 0001 5692 6039

The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138

Re:

Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121

Patient:

Martha Jane Renfroe Jones

Date of Birth: 12/20/1929

To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice

#### Case 2:14-cv-02900-JTF-dkv Document 1-1 Filed 11/19/14 Page 23 of 46 PageID 26

February 26, 2014 Page 2

of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physicianpatient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

Frank B. Thacher, III

Enclosures

cc:

Malcolm B. Futhey III, Esq.

Martha J. Jones

## Martha Jones - List of Persons to Whom Notice Is Being Sent

- The Villages of Germantown, Inc.
   7820 Walking Horse Circle
   Germantown, Tennessee 38138
- The Villages of Germantown
   7930 Walking Horse Circle
   Germantown, Tennessee 38138
- 3. CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
- 4. CRSA/LCS Development, LLC c/o Jennifer A. Beal Suite 820
   400 Locust Street Des Moines, Iowa 50309-2334
- CRSA/LCS Management, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
- 6. CRSA/LCS Management, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334

# AUTHORIZATION FOR RELEASE OF MEDICAL PECOPDS PURSUANT TO 45 CFR 164.508 (HIPAA)

TO:	The Villages of Germ 7820 Walking Horse Germantown, Tennesse	Circle —	0		
	o contained with a contesse	E 38138			
Patient Nan DOB: SS#:	ne: Martha J. Jones 12/20/1929 432-48-9906	. 20			
and all med corresponde laboratory r all forms. F forms, refil interpretation	Jones, authorize you to disclose lical records, all inpatient and out ence, memoranda, physical therateports, diagnostic reports. RADIPESCRIPTION RECORDS: all records and pharmacy records on of diagnostic tests or imaging.	patient charts and record py and rehabilitation re (OLOGY: written report any and all prescription s. PROTOCOL: any BILLING: any and all	rds, hospital charts and a cords, patient questions its of any and all x-rays, records, the issuance of and all documents desc billing records, including	records, doctor and nurse re naire forms, patient history MRI films, CAT scans, but f sale of prescription drug cribing the protocol and	notes, emergency room records y forms, social service records rain scans, and EKG tracings i s, original doctor's prescriptio criteria for administration an
Also, please	e disclose and release the following	ng protected health care	information (only if che	ecked below):	
	н	rug and Alcohol Record IV and AIDS Records Iental Health Records	is	×.	
This protect	ted health information is disclose	d for the following purp	oses: Personal injury cla	aim.	
You are autopies of su	thorized to release the above records:	ords to the following re	presentatives who have	agreed to pay reasonable	charges made by you to suppl
		he Villages of Ge 7930 Walking Hor			= = = = =
	Ge	rmantown, Tenne	ssee 38138		*
		a	8:81		
authorization	ization shall be in force and effor, in writing, by sending written in to disclose protected health in that I have the right to:	notification to you. I un	derstand that a revocation	on is not effective to the ex	ctent that you have relied on m
.]	Inspect or copy the individually in Refuse to sign this authorization, health care provider identified in	and that refusal to sign	nation to be disclosed. does not affect my right	to continue to receive furt	her care and treatment from the
Signature	Athy J. Jones	tative		a	
Date 10	1 - 91 - 18				

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

AUTHORIZATION FOR RELEASE OF MEDI	CAL
PECORDS PURSUANT TO 45 CFR 164.508 (H)	(PAA)

	DECORDS PE	JRSU
	CRSA/LCS Development, LLC	
TO:	c/o National Corporate Research,	
	LTD., Inc.	
	992 Davidson Drive, Suite B	
	Nashville, Tennessee 37205-1051	196
Patient Na	ame: Martha J. Jones	
DOB:	12/20/1929	
SS#-	432-48-9906	

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance

Also, please disclose and release the following protected health care information (only if checked below):

X	Drug and Alcohol Record
X	HIV and AIDS Records
X	Mental Health Records

records, including all claims, claim forms, correspondence, payments and reports.

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative	
Date 10-9,-18	
Name of Patient or Personal Representative	
Description of Personal Representative's Authority to Sign for Patien	nt (attach documents which show authority

<b>AUTHORIZATION FOR</b>	RELEASE	OF ME	DICAL
RSUANT T	O 45 CFR 1	64.508 (	HIPAA)

CRSA/LCS Development, LLC

c/o Jennifer A. Beal

400 Locust Street, Suite 820

Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

\_\_\_X \_\_\_ Drug and Alcohol Records
\_\_X \_\_\_ HIV and AIDS Records
\_\_X \_\_\_ Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

. Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-91-18

Date

Name of Patient or Personal Representative

		ORIZATION FOR RI			
TO: c/o Natio	LCS Management, Lonal Corporate Resea LTD., Inc. avidson Drive, Suite	rch, B	45 CFR 164.508 (HIPA	AA)	
	e, Tennessee 37205-1	051			
Patient Name: Martha DOB: 12/20/19 SS#: 432-48-9	929				
and all medical records correspondence, memo- laboratory reports, diag- all forms. PRESCRIP forms, refill records a interpretation of diagno	s, all inpatient and out patier oranda, physical therapy and gnostic reports. RADIOLO TION RECORDS: any and and pharmacy records. PRO	at charts and records, hosping rehabilitation records, pands:  GY: written reports of any dill prescription records, one of the order o	tal charts and records, doctient questionnaire forms, and all x-rays, MRI films the issuance of sale of procuments describing the cords, including itemized	the WRITTEN MEDICAL ctor and nurse notes, emerge , patient history forms, socia , CAT scans, brain scans, an escription drugs, original do protocol and criteria for a statements of charges, paym	ncy room records, al service records, d EKG tracings in octor's prescription administration and
Also, please disclose a	nd release the following prot	tected health care informati	on (only if checked below	v):	
*	X HIV and	d Alcohol Records I AIDS Records Health Records	**		
This protected health in	nformation is disclosed for the	ne following purposes: Pers	sonal injury claim.		
You are authorized to copies of such records:		the following representati	ves who have agreed to p	oay reasonable charges made	by you to supply
		e Villages of German 330 Walking Horse C mantown, Tennesse	J11 010	65 60	9
authorization, in writing authorization to disclosunderstand that I have to Inspect or co Refuse to sign	g, by sending written notific se protected health informat the right to:	ation to you. I understand to ion. I understand that the able health information to but the at refusal to sign does not a	that a revocation is not eff information may be re-di oe disclosed.	zation expires. I have the rig fective to the extent that you isclosed and no longer subject to receive further care and t	have relied on my ect to protection. I
DA LAA.	O Jones		rain ex		
10 - 91 - Date	18	8			
Name of Patient or Pe	rsonal Representative	a			

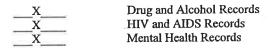
<b>AUTHORIZATION FOR RELEASE OF MEI</b>	DICAL
DECORDS PURSUANT TO 45 CFR 164.508 (1	HIPAA)

	CRSA/LCS Management, LLC	
TO:	c/o Jennifer A. Beal	
	400 Locust Street, Suite 820	-
	Des Moines, Iowa 50309-2334	

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):



This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

The Villages of Germantown 7930 Walking Horse Circle Germantown, Tennessee 38138

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

. Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative	3		
10-91-18 Date			
Name of Patient or Personal Representative			
Description of Personal Representative's Authority to	Sign for Patient (a	ttach documents which show auth	nority)

Frank B. Thacher, III 901-524-5163 Email: fthacher@bpjlaw.com

February 26, 2014

Via Certified Mail Return Receipt Requested Article No. 7013 0600 0001 5692 6046

CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051

Re

Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121

Patient:

Martha Jane Renfroe Jones

Date of Birth: 12/20/1929

#### To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

February 26, 2014 Page 2

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physicianpatient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

Frank B. Thacher, III

Enclosures

cc:

Malcolm B. Futhey III, Esq.

Martha J. Jones

### Martha Jones - List of Persons to Whom Notice Is Being Sent

- The Villages of Germantown, Inc.
   7820 Walking Horse Circle
   Germantown, Tennessee 38138
- The Villages of Germantown7930 Walking Horse CircleGermantown, Tennessee 38138
- 3. CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
- 4. CRSA/LCS Development, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334
- CRSA/LCS Management, LLC
   c/o National Corporate Research, LTD., Inc.
   Suite B
   992 Davidson Drive
   Nashville, Tennessee 37205-1051
- 6. CRSA/LCS Management, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334

### AUTHORIZATION FOR RELEASE OF MEDICAL

TO:	The Villages of Germantown	
	7820 Walking Horse Circle	2
	Germantown, Tennessee 38138	•

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X	Drug and Alcohol Records
X	HIV and AIDS Records
x	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. 992 Davidson Drive, Suite B Nashville, Tennessee 37205-1051

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

. Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

gr	M ture of I	the	9	, 9	ane	4/
Signa	ture of I	atient o	rVers	onal/Re	presen	tative
	10-	91-	1	8		
Date						
Name	of Patie	nt or Pe	ersona	Repre	sentativ	'e
. 101111	, 011 411					

# AUTHORIZATION FOR RELEASE OF MEDICAL OURSUANT TO 45 CFR 164.508 (HIPAA)

TO:	The Villages of Germantown	
	7930 Walking Horse Circle	
	Germantown, Tennessee 38138	_

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X	Drug and Alcohol Records
X	HIV and AIDS Records
x	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc.
992 Davidson Drive, Suite B
Nashville, Tennessee 37205-1051

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative	8
10-91-18 Date	
Name of Patient or Personal Representative	
Description of Personal Representative's Authority to Sign for Patie	ent (attach documents which show authority)

<b>AUTHOR</b>	<b>IZATION</b>	FOR R	ELEASI	E OF M	<b>EDICAL</b>
שממטשעני	PURSUA	NT TO	<b>45 CFR</b>	164.508	(HIPAA)

TO: CRSA/LCS Development, LLC
c/o Jennifer A. Beal
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

\_\_\_X \_\_\_ Drug and Alcohol Records
\_\_X \_\_\_ HIV and AIDS Records
\_\_X Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. 992 Davidson Drive, Suite B Nashville, Tennessee 37205-1051

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-91-18

Date

Name of Patient or Personal Representative

		'A'
		RIZATION FOR RELEASE OF MEDICAL SPURSUANT TO 45 CFR 164.508 (HIPAA)
TO:	c/o National Corporate Research	ch,
	LTD., Inc. 992 Davidson Drive, Suite B	
	Nashville, Tennessee 37205-10	51
	e: Martha J. Jones	
DOB: SS#:	12/20/1929 432-48-9906	
and all medi- corresponder laboratory re- all forms. Pl forms, refill interpretation	cal records, all inpatient and out patient on nee, memoranda, physical therapy and re- ports, diagnostic reports. RADIOLOGY RESCRIPTION RECORDS: any and a records and pharmacy records. PROT	se the following protected health information for the WRITTEN MEDICAL RECORDS: any harts and records, hospital charts and records, doctor and nurse notes, emergency room records, chabilitation records, patient questionnaire forms, patient history forms, social service records, written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in ll prescription records, the issuance of sale of prescription drugs, original doctor's prescription OCOL: any and all documents describing the protocol and criteria for administration and G: any and all billing records, including itemized statements of charges, payments, all insurance ence, payments and reports.
Also, please	disclose and release the following protec	ted health care information (only if checked below):
2	X Drug and A X HIV and A X Mental He	Alcohol Records IDS Records alth Records
This protecte	ed health information is disclosed for the	following purposes: Personal injury claim.
You are authories of suc		e following representatives who have agreed to pay reasonable charges made by you to supply
	CH	RSA/LCS Development, LLC
	c/o	National Corporate Research,
	ñ	LTD., Inc.
		92 Davidson Drive, Suite B shville, Tennessee 37205-1051
	lNa:	snyllie, Tellilessee 37203-1031
	9	
authorization authorization	in writing by sending written notificati	December 31, 2014, at which time this authorization expires. I have the right to revoke this on to you. I understand that a revocation is not effective to the extent that you have relied on my a. I understand that the information may be re-disclosed and no longer subject to protection. I
. R	aspect or copy the individually identifiable of the sign this authorization, and that the care provider identified in this authorization.	efusal to sign does not affect my right to continue to receive further care and treatment from the
Signature of	Patient or Personal Representative	**************************************
Date 10	91-18	3.
Name of Par	ient or Personal Representative	

AUTHORIZATION FOR RELEASE OF MEDICAL
TO 45 CFR 164.508 (HIPAA)

TO:

CRSA/LCS Management, LLC
c/o Jennifer A. Beal
400 Locust Street, Suite 820
Des Moines, Iowa 50309-2334

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X Drug and Alcohol Records
X HIV and AIDS Records
X Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc.
992 Davidson Drive, Suite B
Nashville, Tennessee 37205-1051

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

. Inspect or copy the individually identifiable health information to be disclosed.

Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-9-18

Date

Name of Patient or Personal Representative

Frank B. Thacher, III 901-524-5163 Email: fthacher@bpjlaw.com

February 26, 2014

Via Certified Mail Return Receipt Requested Article No. 7013 0600 0001 5692 6053

CRSA/LCS Development, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334

Re:

Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121

Patient:

Martha Jane Renfroe Jones

Date of Birth: 12/20/1929

### To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

Martha Jones has authorized the service of this written notice by Burch, Porter & Johnson, PLLC and the Futhey Law Firm, PLC. Martha Jones currently resides at 1364 Ashley Cove, Southaven, Mississippi 38671.

As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.

February 26, 2014 Page 2

As required by Tenn. Code Ann. § 29-26-121(a)(2)(E), Ms. Jones has executed a HIPAA-compliant medical authorization which is enclosed with this letter authorizing you to obtain a complete copy of her medical records from the other providers being sent written notice of claim. If this release is not accepted for any reason, please contact us and we will use our best efforts to execute a form acceptable to them that will permit you to obtain a complete copy of the medical records.

Neither this Notice nor the medical authorization waives the common law physicianpatient privilege concerning your care and treatment of Ms. Jones. We expect that you will not communicate with any person other than your attorney about your care and treatment of Ms. Jones.

We believe that this letter complies with Tenn. Code Ann. § 29-26-121. If you believe it is deficient in any way, please promptly let us know and any defect will be promptly cured. If we do not promptly hear from you, we will assume that you believe the letter complies with the law.

Sincerely,

BURCH, PORTER & JOHNSON, PLLC

Frank B. Thacher, III

Enclosures

cc:

Malcolm B. Futhey III, Esq.

Martha J. Jones

### Martha Jones -- List of Persons to Whom Notice Is Being Sent

- 1. The Villages of Germantown, Inc. 7820 Walking Horse Circle Germantown, Tennessee 38138
- The Villages of Germantown
   7930 Walking Horse Circle
   Germantown, Tennessee 38138
- 3. CRSA/LCS Development, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051
- 4. CRSA/LCS Development, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334
- CRSA/LCS Management, LLC
   c/o National Corporate Research, LTD., Inc.
   Suite B
   992 Davidson Drive
   Nashville, Tennessee 37205-1051
- 6. CRSA/LCS Management, LLC c/o Jennifer A. Beal Suite 820 400 Locust Street Des Moines, Iowa 50309-2334

## AUTHORIZATION FOR RELEASE OF MEDICAL PECORDS PURSUANT TO 45 CFR 164.508 (HIPAA)

TO:	The Villages of Germantown	
	7820 Walking Horse Circle	-
	Germantown, Tennessee 38138	-

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X Drug and Alcohol Records
X HIV and AIDS Records
X Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o Jennifer A. Beal 400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334

This authorization shall be in force and effect until December 31, 2014, at which time this authorization expires. I have the right to revoke this authorization, in writing, by sending written notification to you. I understand that a revocation is not effective to the extent that you have relied on my authorization to disclose protected health information. I understand that the information may be re-disclosed and no longer subject to protection. I understand that I have the right to:

- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

Signature of Patient or Personal Representative

10-91-18

Date

Name of Patient or Personal Representative

<b>AUTHORIZATION FOR RELEASE OF ME</b>	DICAL
PURSUANT TO 45 CFR 164.508	(HIPAA)

TO:	The Villages of Germantown	
10.	7930 Walking Horse Circle	
	Germantown, Tennessee 38138	-

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

I, Martha J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any and all medical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records, correspondence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records, laboratory reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in all forms. PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription forms, refill records and pharmacy records. PROTOCOL: any and all documents describing the protocol and criteria for administration and interpretation of diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance records, including all claims, claim forms, correspondence, payments and reports.

Also, please disclose and release the following protected health care information (only if checked below):

X	Drug and Alcohol Records
X	HIV and AIDS Records
X	Mental Health Records

This protected health information is disclosed for the following purposes: Personal injury claim.

You are authorized to release the above records to the following representatives who have agreed to pay reasonable charges made by you to supply copies of such records:

CRSA/LCS Development, LLC c/o Jennifer A. Beal 400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334

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- . Inspect or copy the individually identifiable health information to be disclosed.
- . Refuse to sign this authorization, and that refusal to sign does not affect my right to continue to receive further care and treatment from the health care provider identified in this authorization.

10-91-18 Date		
Name of Patient or Personal Representative		

			ELEASE OF MEDICAL	
	CRSA/LCS Development, I	DDS PURSUANT TO 4	45 CFR 164.508 (HIPAA)	
TO:	c/o National Corporate Resea	arch		
10.	LTD., Inc.			
	992 Davidson Drive, Suite	P		
	Nashville, Tennessee 37205-	D 1051		
Patient N	ame: Martha J. Jones	1031		
DOB:	12/20/1929			
SS#:	432-48-9906			
and all m correspon laboratory all forms, forms, re interpreta	J. Jones, authorize you to disclose and recidical records, all inpatient and out patient dence, memoranda, physical therapy and reports, diagnostic reports. RADIOLO PRESCRIPTION RECORDS: any an fill records and pharmacy records. PR tion of diagnostic tests or imaging. BILL including all claims, claim forms, corresponders.	nt charts and records, hospid rehabilitation records, particles written reports of any all prescription records, to OTOCOL: any and all do ING: any and all billing records any and all billing records.	tal charts and records, doctor antient questionnaire forms, patier and all x-rays, MRI films, CAT the issuance of sale of prescript ocuments describing the protocords, including itemized statem	d nurse notes, emergency room records, at history forms, social service records, scans, brain scans, and EKG tracings in ion drugs, original doctor's prescription col and criteria for administration and
Also, plea	se disclose and release the following pro	tected health care informati	on (only if checked below):	
	X Drug ar	nd Alcohol Records		
	X HIV an	d AIDS Records		
	X Mental	Health Records	(9)	
This prote	cted health information is disclosed for t	he following purposes: Pers	sonal injury claim.	
	uthorized to release the above records to such records:	the following representati	ves who have agreed to pay rea	sonable charges made by you to supply
				¥
	CRS	A/LCS Development	t, LLC	
		c/o Jennifer A. Beal		9
	400	Locust Street, Suite	820	
	Des	Moines, Iowa 50309	-2334	8
		9		
authorizat authorizat	orization shall be in force and effect un ion, in writing, by sending written notification to disclose protected health informated that I have the right to:	cation to you. I understand t	that a revocation is not effective	to the extent that you have relied on my
	Inspect or copy the individually identifial. Refuse to sign this authorization, and the health care provider identified in this au	at refusal to sign does not a	nce disclosed.  Iffect my right to continue to rec	eive further care and treatment from the
Signature	Athy J. Jones of Patient or Personal Representative	<u>.</u>	W	
10	0.91-18	-,		
Date				

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

	AUTHORIZATION FOR RELEASE OF MEDICAL
	CRSA/LCS Management, LLC "IRSUANT TO 45 CFR 164.508 (HIPAA)
mo <sup>v</sup>	c/o National Corporate Research,
TO:	LTD., Inc.
	992 Davidson Drive, Suite B
	Nashville, Tennessee 37205-1051
Patient No	ame: Martha J. Jones
DOB:	12/20/1929
SS#:	432-48-9906
and all me correspon laboratory all forms. forms, re- interpreta	J. Jones, authorize you to disclose and release the following protected health information for the WRITTEN MEDICAL RECORDS: any adical records, all inpatient and out patient charts and records, hospital charts and records, doctor and nurse notes, emergency room records dence, memoranda, physical therapy and rehabilitation records, patient questionnaire forms, patient history forms, social service records reports, diagnostic reports. RADIOLOGY: written reports of any and all x-rays, MRI films, CAT scans, brain scans, and EKG tracings in PRESCRIPTION RECORDS: any and all prescription records, the issuance of sale of prescription drugs, original doctor's prescription for diagnostic tests or imaging. BILLING: any and all billing records, including itemized statements of charges, payments, all insurance including all claims, claim forms, correspondence, payments and reports.
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¶) ∕A Signature	Athy Jones Conference of Patient or Personal Representative
Date /	0-91-18

Description of Personal Representative's Authority to Sign for Patient (attach documents which show authority)

Name of Patient or Personal Representative

<b>AUTHORIZATION FOR RELEASE OF ME</b>	DICAL
PURSUANT TO 45 CFR 164.508 (	HIPAA)

TO:	CRSA/LCS Management, LLC c/o Jennifer A. Beal	
	400 Locust Street, Suite 820 Des Moines, Iowa 50309-2334	

Patient Name: Martha J. Jones DOB: 12/20/1929 SS#: 432-48-9906

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Signature of Patient or Personal Representative	9
Date 10-91-18	
Name of Patient or Personal Representative	
Description of Personal Representative's Authority to Sign for P	Patient (attach documents which show authority)

Frank B. Thacher, III 901-524-5163 Email: <u>fthacher@bpjlaw.com</u>



February 26, 2014

Via Certified Mail Return Receipt Requested Article No. 7013 0600 0001 5692 5988

CRSA/LCS Management, LLC c/o National Corporate Research, LTD., Inc. Suite B 992 Davidson Drive Nashville, Tennessee 37205-1051

Re:

Notice of Claim Pursuant to Tenn. Code Ann. § 29-26-121

Patient:

Martha Jane Renfroe Jones

Date of Birth: 12/20/1929

### To Whom It May Concern:

Please be advised that Martha Jones is hereby giving you written notice, pursuant to Tenn. Code Ann. § 29-26-121, that a medical malpractice claim may be filed against you within the time period required by law. The medical malpractice claim relates to injuries sustained by Martha Jones while she was a resident under your care. The medical malpractice claim will be filed by Martha Jones.

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As stated above, this law firm will be representing Martha Jones. Our address and contact information appears in this letter. Ms. Jones is also represented by Malcolm B. Futhey III, of the Futhey Law Firm, whose contact information is 1440 Poplar Avenue, Memphis, Tennessee 38104. Mr. Futhey's phone number is 901-725-7525. If you wish to correspond or talk with this firm about this matter please direct your inquiry to the undersigned.

Pursuant to Tenn. Code Ann. § 29-26-121(a)(2)(D), please find attached a list of all health care providers to whom notice is being sent.